

Attorney Docket No.: NVID-P000635

IN

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Class	Postage an	d addres	ssed to Commission Name of Person	ner for Patents,		exandria, VA, 2 <u>2</u> 3			of deposit.
Date of Deposit:	11/10,	708	Making the Deposit	JOSE	S.GARCIA	Making the		1 yore S	. Vance
In re Ap	plication	of: E	rik Lilliebjerg	,	•	,			•
Serial N	lo.: 10/6	666,41	8		Examine	: TO, J.			
Filed:	09/18/2	003			Art Unit:	2195		•	
Confirm	ation No	o.: 745	iO						
For: MI	ETHOD	AND :	SYSTEM FOR	R MULTITA	ASKING BIO	SINITIALIZA	ATION TA	SKS	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
				<u>AN</u>	MENDMENT	TRANSMITT	AL		
1	Transm	itted h	nerewith is an	amendme	ent for this app	olication			
Tra Oth	12 ansmitte her:	shee d here	ewith is a respets) ewith are ther than a sn	, ,				}	
Extension of Term									
3.	The pro	ceedi	ngs herein are	e for a pate	ent application	n and the pro	ovisions o	f 37 C.F.R	. 1.136 apply.
(a)	[X]	Applic	cant petitions : 37 C.F.R. 1.	for an extent 17(a)-(d) for	ension of time or the total nu	under 37 C	F.R. 1.13 nths check	6 ked below:	·)
	·		Extension [] one mo [] two mo [X] three [] four mo	nths months	\$	<u>ee</u> 130.00 490.00 1110.00 1,730.00		•	
	ditional e	Application	sion of time is cant believes made to prov for a petition	that no ex vide for the	please considers tension of tension of tension of tension of tension of tension the possibility the possibilit	m is required	ition there	er, this cor	nditional petition is verlooked the

1 of 2

Attorney Docket No.: NVID-P000635

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)							
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total		
Total Claims	20 '	- 20 =	0	x \$52.00	\$0.00		
Independent Claims	3	- 3 =	0	x \$220.00	\$0.00		
Multiple Dependent Claim Fee (one or more, first added by this \$390.00 amendment)							
Total Fees							

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to Deposit Account No.: 50-4160. A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$1110.00
- [] Charge any additional fees required or credit any overpayments associated with this filing to Deposit Account No.: 50-4160. A duplicate copy of this authorization is enclosed.

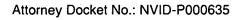
Please direct all correspondence concerning the above-identified application to the following address:

MURABITO HAO & BARNES LLP Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: 11/10/2008

Jose S. Garcia Reg. No. 43.628





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

		ressed to Commissioner f		eposited with the United States P Alexandria, VA, 22313-1450, on the	ostal Service in an envelope bearing ne below date of deposit.			
Date of Deposit:	11/10/08	Name of Person Making the Deposit:	JOSE S.GARCIA	Signature of the Person Making the Deposit:	Jose S. Garria			
In re App	olication of:	Erik Lilliebjerg	•	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Serial No	o.: 10/666,	418	Examin	er: TO, J.				
Filed: 0	09/18/2003		· Art Unit	2195				
Confirma	ation No.: 7	450						
For: ME	THOD AND	O SYSTEM FOR N	MULTITASKING BIO	OS INITIALIZATION TA	SKS			
P.O. Box	sioner for k 1450 ria, VA 22							
			<u>AMENDMENT</u>	TRANSMITTAL				
1. 7	Transmitted	d herewith is an an	nendment for this a	oplication				
(12 sh nsmitted he	eets)	se to an office actio	n for the above identifie	ed patent application.			
2. A	Applicant is	other than a smal	l entity					
Extension of Term								
3. 7	The procee	dings herein are fo	or a patent applicati	on and the provisions o	f 37 C.F.R. 1.136 apply.			
(a) [X] App (fee	olicant petitions for es: 37 C.F.R. 1.17	an extension of tim (a)-(d) for the total r	ne under 37 C.F.R. 1.13 number of months check	6 ked below:)			
		Extension [] one month [] two month [X] three mo [] four month	ns Onths	Fee \$130.00 \$490.00 \$1110.00 \$1,730.00	· .			
] App beir	olicant believes tha ng made to provide	quired, please cons at no extension of te	Fee \$ 1110 ider this a petition there rm is required. Howeven that applicant has inady	er, this conditional petition is			

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Total Claims	20	- 20 =	0	x \$52.00	\$0.00		
Independent Claims	3	- 3 =	0	x \$220.00	\$0.00		
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$390.00							
Total Fees					\$0.00		

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
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- [X] A check in the amount of \$1110.00
- [] Charge any additional fees required or credit any overpayments associated with this filing to Deposit Account No.: <u>50-4160.</u> A <u>duplicate copy</u> of this authorization is enclosed.

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